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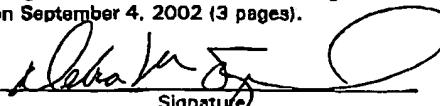
LENGTH OF TRANSMISSION (INCLUSIVE OF THIS SHEET): 4 page(s)**DATE:** May 14, 2003**FROM:** Brian W. Hameder/ds**TO:** Commissioner for Patents
Alexandria, Virginia**RE:** Olivier Carli
U.S. Serial No. 10/009,998
Filed August 22, 2002
Implant For An Osteosynthesis Device, In Particular For The Spine
Docket: CU-2782OFFICE OF FINANCE
REFUND FINANCIAL
203 500 20 50 15
US PATENT & TRADEMARK
OFFICE**REMARKS:**

Attached is a copy of our Request for Refund of Charges to Deposit Account which was initially submitted on September 4, 2002. Kindly advise the status of said Request.

Certification of Facsimile Transmission

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being facsimile transmitted to the Patent & Trademark Office to Fax No. (703)305-3230 on September 4, 2002 (3 pages).

Debra M. Szumowski
Name


Signature

DOCKET: CU-2782

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

APPLICANT: Olivier CARLI)
SERIAL NO: 10/009,998)
TITLE: IMPLANT FOR AN OSTEOSYNTHESIS DEVICE,)
IN PARTICULAR FOR THE SPINE)
COMPLETION OF PCT/FR00/01644 filed 14 June 2000)

The Commissioner for Patents (DO/EO/US)
Box PCT
Washington, D.C. 20231

CONFIRMATION COPYREQUEST FOR REFUND OF CHARGES TO DEPOSIT ACCOUNT

Dear Sir:

On August 27, 2002, the undersigned's Deposit Account was charged \$292 with respect to the surcharge for furnishing the English translation as well as for additional claims over twenty.

It is believed that these charges are erroneous. Reference is made to paragraph 5 of our Response submitted on August 22, 2002. The English translation of the PCT international application was timely submitted on December 14, 2001 and no surcharge should be deemed necessary. The charge in the amount of \$130 should be refunded.

In addition, it is believed that there are no additional claims over 20 and accordingly, the extra claim fee of \$162 (code 966) charged to our Deposit Account should be refunded as well. Should the Office believe there are additional claims over twenty, applicant respectfully requests the Office to furnish a copy of the Claim Fee Calculation Sheet used in determining the number of claims.

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In view of the foregoing, it is respectfully requested that our Deposit
Account No. 12-0400 be refunded in the total amount of \$292.

Respectfully submitted,

September 4, 2002

Date

/3

Brian W. Hameder
Attorney for Applicant

Brian W. Hameder, Reg. 45613
c/o Ladas & Parry
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Chicago, Illinois 60604
(312) 427-1300

Deposit Account Statement

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08/20 49	E-REPLENISHMENT	701	-\$3,000.00	\$4,087.57
08/20 541	78155808	361	\$650.00	\$3,437.57
08/20 591	78155826	361	\$325.00	\$3,112.57
08/20 707	78155895	361	\$325.00	\$2,787.57
08/20 718	78155902	361	\$325.00	\$2,462.57
08/21 1	09202806	CU-1832 179	\$740.00	\$1,722.57
08/21 22	PAYMENT	701	-\$5,000.00	\$6,722.57
08/21 384	78156181	361	\$325.00	\$6,397.57
08/23 56	887176	566	\$420.00	\$5,977.57
08/26 565	75704299	704	-\$275.00	\$6,252.57
08/27 1	09960088	CU-2669RJS 115	\$110.00	\$6,142.57
08/27 1	09857871	CU-2558 RJS 116	\$400.00	\$5,742.57
08/27 284	10009998	CU-2782RJS 166	\$130.00	\$5,612.57
08/27 285	10009998	CU-2782RJS 966	\$162.00	\$5,450.57
08/28 1	09367445	CU-1984 TFP 115	\$110.00	\$5,340.57
08/28 2	09367445	CU-1984 TFP 179	\$740.00	\$4,600.57
08/28 5	1723014	365	\$100.00	\$4,500.57
08/28 32	09758904	704	-\$300.00	\$4,800.57

START BALANCE	SUM OF CHARGES	SUM OF REPLENISH	END BALANCE
\$6,042.57	\$13,722.00	\$12,480.00	\$4,800.57

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